Louisiana State Board of Medical Examiners

Physical Address: 630 Camp Street, New Orleans, LA 70130
Mailing Address: Post Office Box 30250, New Orleans, LA 70190-0250
Phone: (504) 568-6820 • Fax (504) 599-0503 • www.lsbme.louisiana.gov

NOTIFICATION

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Physician Assistant Prescriptive Authority

Prescriptive Authority Law. Act 10 of the 2004 Louisiana Legislature expanded the scope of physician assistant practice to include prescriptive authority for certain drugs and medical devices to the extent delegated by a supervising physician. Qualification requires: (i) the completion of a minimum of one year of clinical rotations during training; (ii) a minimum of one year of practice under a supervising physician; and (iii) delegation of prescriptive authority by a supervising physician.

Registration. A physician assistant (PA) and supervising physician bear mutual obligation and responsibility to ensure that the PA's scope of practice is clearly identified.[1] *Before* utilizing prescriptive authority a PA must demonstrate the requisite qualifications and be approved by the Board.[2] The prescription of a controlled substance also requires certification and registration with state and federal drug enforcement agencies.[3] A supervising physician must also submit an application for registration to the Board and provide a description of the way in which a physician assistant will be utilized.[4] The application must be updated to reflect any change in the manner that a PA will be utilized.[5] Delegation[6] of prescriptive authority constitutes a material change in the manner that a PA may be utilized and requires *prior* filing of an updated application and approval by the Board.[7]

Forms. To satisfy the above requirements the Board has developed a single form for use by both PAs and supervising physicians. It may be obtained on-line at www.lsbme.louisiana.gov or by calling the Board's licensing department (504) 568-6820. Completed forms will be presented to the Board for consideration and approval. PAs and supervising physicians will be advised of the Board's confirmation of PA qualification/supervising physician delegation following Board consideration. A PA may not utilize prescriptive authority until approved by the Board.

Rules. The Board has solicited the cooperation of its PA Advisory Committee and the Louisiana Academy of Physician Assistants to develop rules applicable to PA prescriptive authority. It is estimated that these rules will be finalized in January 2005. In the interim, supervising physicians are reminded of their obligation to provide responsible direction and control for the prescribing practices of their PAs and to take appropriate measures to ensure clarity in delegation of prescriptive authority, particularly with controlled substances. This should be accomplished through written clinical practice guidelines or protocols signed by both the supervising physician and PA and maintained at each location where the PA practices. As in all instances a PA's written entry reflecting the medical services provided must be countersigned by the supervising physician within an appropriate interval, *i.e., 24 hours in acute settings, 48 in nursing homes and other sub-acute settings and 72 in all other settings.*[8] Finally, pursuant to its rules the treatment of certain conditions, *i.e.,* non-cancerous chronic, intractable pain and obesity, require physician evaluation and follow-up and are considered by the Board as non-delegable.

Any questions concerning PA prescriptive authority should be directed to the Board's licensing department (504) 568-6820, Ext. 227.

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[1] La. Rev. Stat. 37:1360.28B(2).

[2] A PA who exercises prescriptive authority without prior demonstration of qualification and approval would be in violation of both the Louisiana Physician Assistant Practice Act, La. Rev. Stat. 37:1360.24.A(7), (8), and the Board's rules, La. Adm. C. 46XLV.4513A(16).

[3] A PA who exercises controlled substance prescriptive authority without prior demonstration of qualification and approval would be in violation of both Louisiana and federal laws and regulations.

[4] See the Board's Physician Assistant rules, La. Adm. C. 46XLV.1508, 1510A.

[5] See the Board's Physician Assistant rules, La. Adm. C. 46XLV.1514B.

[6] A supervising physician may not delegate authority that he himself does not possess. Delegation of controlled substance prescriptive authority requires the supervising physician to possess unlimited certification and registration from state and federal drug enforcement agencies.

[7] A supervising physician who delegates prescriptive authority in the absence of prior application and approval would be in violation of the Board's rules and the Louisiana Medical Practice Act, La. Rev. Stat. 37:1285A(22), (30).

[8] See the Board's Physician Assistant rules, La. Adm. C. 46XLV.4511A.4.

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Application for Registration of Physician Assistant Prescriptive Authority

The Board may refuse to consider any application which is not complete in every detail and may in its discretion require a more detailed or complete response to any request for information set forth herein as a condition to consideration. ***An applicant may not prescribe medication until approval of registration is received from the Board****. (If more space is needed attach a separate page)*

TO BE COMPLETED BY PHYSICIAN ASSISTANT (*Type or Print*)

Name (Last) **(First)** **(Middle)** **Suffix (Sr., Jr.)**

License Number **Social Security Number**

Address (Street & No.) **(City)** **(Zip Code)** **Area Code + Phone #**

Answer the following questions regarding your registration	**Yes**	**No**
1. Do you have a current unrestricted physician assistant license in Louisiana?		
2. Do you have a current DEA registration? If so provide # here:		
3. Do you have a current LA DHHR (narcotics) certificate? If so provide # here:		
4. Did you complete a minimum of one year of clinical rotations during your training? a. If "Yes" when/where/graduation date? _____ b. If "No" go to question No. 6.		
5. Have you practiced under one or more supervising physician(s) for at least one year? a. If "Yes" list dates/name(s) of supervising physician. _____ dates/name(s) of supervising physician _____ dates/name(s) of supervising physician		
6. If you did not complete a year of clinical rotations during training have you completed at least two years of postgraduate clinical practice under one or more supervising physician(s)? a. If "Yes" state graduation date _____ and number of years of supervision _____; and b. List dates/name of your supervising physician(s) for at least two years. _____ dates/name of supervising physician _____ dates/name of supervising physician		
7. Has your supervising physician delegated prescriptive authority to you for: a. Legend drugs? i. (list any exceptions) _____ b. Controlled substances? i (list schedules and any exceptions) _____		
8. Do you have written clinical practice guidelines or protocols for prescriptive authority acceptable to your supervising physician at each location where you practice?		

I HEREBY CERTIFY that all statements and information provided in or with this application are true and correct. I further certify that I shall prescribe only those medications and medical devices delegated by my supervising physician that are within the scope of my education, training and license, under the direction and supervision of my supervision physician and only at the location or locations specified in my notice of practice location to the board and that I shall observe and abide by all rules and regulations of the Board.

Signature of Physician Assistant _____

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Printed Name of Physician Assistant _____ Date _____

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TO BE COMPLETED BY SUPERVISING PHYSICIAN (*Type or Print)*

Name (Last) **(First)** **(Middle)** **Suffix (Sr., Jr.)**

License Number **DEA Number** **DNDD Number**

Practice Address (Street & Number) **(City)** **(Zip Code)** **Area Code + Phone #**

Have you delegated authority to the physician assistant listed on this application for whom you serve as supervising physician to prescribe the types and classifications of medication specified on this application under your supervision?	**Yes**	**No**

Provide a description of the manner and circumstance in which you have authorized your physician assistant to utilize prescriptive authority. Also, list the office, hospital or geographical location where such activities will be carried out:

Describe the methods you will use to insure responsible direction and control of the prescriptive authority of your physician assistant:

I HEREBY CERTIFY that all statements provided in this application are true and correct. I further certify that I shall provide responsible direction and control of the prescriptive authority of the physician assistant that I supervise and authorize him/her to prescribe only those medications and medical devices delegated by me that are within the scope of his/her education, training and license, and only at the location or locations specified in his/her notice of practice location to the board. I shall observe and abide by all rules and regulations of the Board. As in all instances I shall countersign the physician assistant's written entries reflecting any medical services provided to a patient, including but not limited to prescriptions for medication within 24 hours (in acute settings) 48 hours (in nursing homes and other sub-acute settings) and 72 hours (in all other settings).

Signature of Supervising Physician(s) _____

_____

Printed Name of Supervising Physician(s) _____

_____

Date _____